

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/555709</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	INC	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1					51					
2		1					52					
3	2						53					
4	3						54					
5	1						55					
6	0						56					
7	0						57					
8	0						58					
9	0						59					
10	0						60					
11	0						61					
12	0						62					
13	1						63					
14	1						64					
15	2						65					
16	0						66					
17	0						67					
18	0						68					
19							69					
20							70					
21							71					
22							72					
23							73					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.				↓		↓	TOTAL DEP.			↓		↓
TOTAL CLAIMS			1				TOTAL CLAIMS					